

**FCC Form 481 - Carrier Annual Reporting
Data Collection Form**

REDACTED - FOR PUBLIC INSPECTION

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

<010> Study Area Code	371563
<015> Study Area Name	HOOPER TEL CO
<020> Program Year	2015
<030> Contact Name: Person USAC should contact with questions about this data	Michael Nelson
<035> Contact Telephone Number: Number of the person identified in data line <030>	7127865578 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	mnelson@westelsystems.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
(check box when complete)			
<100> Service Quality Improvement Reporting	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<200> Outage Reporting (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> (attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<420> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<430> Number of Complaints per 1,000 customers (broadband)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<440> Fixed	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<450> Mobile	0.0	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<500> Service Quality Standards & Consumer Protection Rules Compliance	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">371563ne510.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">371563ne610.pdf</div>	(attached descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<710> Company Price Offerings (broadband)	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<800> Operating Companies and Affiliates	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	(if yes, complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	(attach descriptive document)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1100> Terrestrial Backhaul (Y/N)? <input checked="" type="radio"/> <input type="radio"/>	(if not, check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1110>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

<2000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<2005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	(check to indicate certification)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<3005>	(complete attached worksheet)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(100) Service Quality Improvement Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010>	Study Area Code	371563
<015>	Study Area Name	HOOPER TEL CO
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westel systems.com
<110>	Has your company received its ETC certification from the FCC? If your answer to Line <110> is yes, do you have an existing "5 year plan" filed with the FCC?	<div> <input type="radio"/> (yes / no) </div> <div> <input checked="" type="radio"/> (yes / no) </div>
<111>		<div> <input type="radio"/> (yes / no) </div> <div> <input type="radio"/> (yes / no) </div>

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.



Name of Attached Document

Please check these boxes below to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

- <113> Maps detailing progress towards meeting plan targets
- <114> Report how much universal service (USF) support was received
- <115> How (USF) was used to improve service quality
- <116> How (USF) was used to improve service coverage
- <117> How (USF) was used to improve service capacity
- <118> Provide an explanation of network improvement targets not met in the prior calendar year.

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

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[illegible]

[illegible]

[illegible]

(900) Tribal Lands Reporting Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	371563	
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<030>	Contact Name - Person USAC should contact regarding this data	Michael Nelson	
<035>	Contact Telephone Number - Number of person identified in data line <030>	7127865578 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mnelson@westelsystems.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation		

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	Select (Yes, No, NA)
<922>	Feasibility and sustainability planning;	
<923>	Marketing services in a culturally sensitive manner;	
<924>	Compliance with Rights of way processes	
<925>	Compliance with Land Use permitting requirements	
<926>	Compliance with Facilities Siting rules	
<927>	Compliance with Environmental Review processes	
<928>	Compliance with Cultural Preservation review processes	
<929>	Compliance with Tribal Business and Licensing requirements.	

(1100) No Terrestrial Backhaul Reporting

Data Collection Form

FCC Form 481

OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

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☐

<1120> Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)

☐

<1130> Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)

(1200) Terms and Condition for Lifeline Customers		FCC Form 481
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Collection Form		July 2013

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<1210>	Terms & Conditions of Voice Telephony Lifeline Plans	<div>371563nel1210.pdf</div>	Name of Attached Document
<1220>	Link to Public Website	HTTP	

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:

<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	<input checked="" type="checkbox"/>
<1222>	Details on the number of minutes provided as part of the plan,	<input checked="" type="checkbox"/>
<1223>	Additional charges for toll calls, and rates for each such plan.	<input checked="" type="checkbox"/>

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
<i>Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers</i>		July 2013

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CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting	
<2010> 2nd Year Certification (47 CFR § 54.313(b)(1))	<input type="checkbox"/>
<2011> 3rd Year Certification (47 CFR § 54.313(b)(2))	<input type="checkbox"/>
Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))	
<2012> 2013 Frozen Support Certification	<input type="checkbox"/>
<2013> 2014 Frozen Support Certification	<input type="checkbox"/>
<2014> 2015 Frozen Support Certification	<input type="checkbox"/>
<2015> 2016 and future Frozen Support Certification	<input type="checkbox"/>
Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))	
<2016> Certification Support Used to Build Broadband	<input type="checkbox"/>
Connect America Phase II Reporting (47 CFR § 54.313(e))	
<2017> 3rd year Broadband Service Certification	<input type="checkbox"/>
<2018> 5th year Broadband Service Certification	<input type="checkbox"/>
<2019> Interim Progress Certification	<input type="checkbox"/>
<2020>	Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

<2021> Interim Progress Community Anchor Institutions

Name of Attached Document Listing Required Information

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(3000) Rate Of Return Carrier Additional Documentation	
Data Collection Form	
FCC Form 481	
OMB Control No. 3060-0986/OMB Control No. 3060-0819	
July 2013	

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CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

(3010)	Progress Report on 5 Year Plan	
	Milestone Certification (47 CFR § 54.313(f)(1)(ii))	

(3011)	Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.	<input type="checkbox"/>
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(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	
	Name of Attached Document Listing Required Information	

(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input type="checkbox"/>
(3014)	If yes, does your company file the RUS annual report	<input type="checkbox"/>

Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:

(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input type="checkbox"/>
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>

(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	
	Name of Attached Document Listing Required Information	

(3018)	If the response is no on line 3014, Is your company audited?	<input type="checkbox"/>
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If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains

(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input checked="" type="checkbox"/>
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/>
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.	<input checked="" type="checkbox"/>

If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains:

(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	<input type="checkbox"/>
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input type="checkbox"/>
(3024)	Underlying information subjected to an officer certification.	<input type="checkbox"/>
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input type="checkbox"/>

(3026)	Attach the worksheet listing required information	
	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>Kiesling Associates</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>Kiesling Associates</u>
Name of Reporting Carrier:	<u>HOOPER TEL CO</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/18/2014</u>
Printed name of Authorized Officer:	<u>Robert Gannon</u>
Title or position of Authorized Officer:	<u>Chief Executive Officer</u>
Telephone number of Authorized Officer:	<u>7127865572 ext.</u>
Study Area Code of Reporting Carrier:	<u>371563</u> Filing Due Date for this form: <u>06/30/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>HOOPER TEL CO</u>
Name of Authorized Agent or Employee of Agent:	<u>Kiesling Associates LLP</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/18/2014</u>
Printed name of Authorized Agent or Employee of Agent:	<u>Robert Umsted</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Regulatory Consultant</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>5152230159 ext.</u>
Study Area Code of Reporting Carrier:	<u>371563</u> Filing Due Date for this form: <u>06/30/2014</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

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ATTACHMENT – LINE 112

ATTACHMENT REDACTED IN ENTIRETY

FCC Form 481, Line 510: Certification of Compliance with Applicable Service Quality Standards and Consumer Protection Rules

47 CFR §54.313(a)(5) requires an ETC to certify that it is complying with applicable service quality standards and consumer protection rules. Hooper Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

FCC Form 481, Line 610: Certification Regarding Ability to Function in Emergency Situations

47 CFR §54.313(a)(6) requires an ETC to certify that it is able to function in emergency situation as set forth in 47 CFR §54.202 (a)(2). Hooper Telephone Company's network is designed to remain functional in emergency situation. Hooper Telephone Company has a reasonable amount of back-up power to provide functionality without an external power source and, in many areas has the ability to reroute traffic around damaged facilities and manage traffic spikes resulting from an emergency situation. Hooper Telephone Company certifies that it has complied with these requirements and will continue to comply with these requirements.

[illegible]

May 18, 2012

Gene Hand, Director of Communications
Nebraska Public Service Commission
1200 N Street, 300 The Atrium
Lincoln, NE 68509

Dear Gene:

On behalf of our client, Hooper Telephone Company d/b/a WestTel Systems (the "Company"), we are enclosing a revision to its local exchange tariff. The revision reflects the \$9.25 basic support amount mandated by the FCC in the Lifeline Reform Order (FCC 12-11), issued January 31, 2012, and the FCC Public Notice DA 12-689 released May 1, 2012, which announced the effective date for the new support amount to be effective May 1 and the flexibility to transition to the new amount over the next three months.

This filing is effective June 1, 2012.

Questions regarding this filing should be directed to me at 402.398.0062.

Yours truly,



Judy Christiansen

Attachment

cc: Mike Nelson, WestTel Systems

SECTION 2. RULES AND REGULATIONS

2.1 Establishment of Service

2.1.4 Nebraska Telephone Assistance Program (NTAP)

A. The Nebraska Telephone Assistance Program (NTAP) is part of a national program (called Lifeline) designed to promote universal service for low-income households.

B. NTAP provides for qualifying low-income consumers to pay reduced monthly charges. NTAP monthly service reductions include:

- 1) Federal Lifeline Support Credit of \$9.25 (includes Federal End User Common Line Credit of \$6.50 and remainder \$2.75 credit covers basic service. (C)
- 2) A monthly reduction off the local service charges in the amount of \$3.50 from the Nebraska Universal Service Fund. (C)

C. The following eligibility requirements apply:

The subscriber must be a participant in one of the following:

- 1) Medicaid
- 2) Food Stamps
- 3) Supplemental Security Income (SSI)
- 4) Federal Public Housing Assistance
- 5) Low Income Home Energy Assistance Program
- 6) Have a child who participates in one of the following Children's Medicaid programs: Kids Connection; School Age Medical (SAM); Medical Assistance for Children (MAC); or Enhanced Medical Assistance for Children (EMAC).

NEBRASKA TELEPHONE ASSISTANCE PROGRAM (NTAP) APPLICATION AND CERTIFICATION FORM

(If you live on Tribal land, **DO NOT** use this application. Contact your local phone company for a Tribal land discount.)

APPLICANT INSTRUCTIONS: In order to be approved to receive assistance on your phone bill you must complete and sign this application. Read this application completely (**Front and Back**), answer all questions on this form, provide all documents requested, sign this application and return it to the NTAP department at: **PO Box 94927, Lincoln, NE 68509**.

Have Questions: Call 1-800-526-0017 or, in Lincoln, 402-471-3101

Applicant Information-Please Print

Applicant Name: Last _____ First _____ MI _____

Last 4 digits of Applicant's Social Security Number: _____ Applicant's Date of Birth: ____/____/____

Street Address of where you live (**This can not be a PO Box**):

Street: _____ Apt Number: _____

City: _____ State: _____ Zip Code: _____

Please check one: Is the address listed above: ☐ Temporary ☐ Permanent

Please read and check both boxes below to show you understand your responsibilities:

☐ I certify under penalty of perjury that I agree to notify my phone provider and complete a new application requesting assistance within 30 days of moving.

☐ I certify under penalty of perjury that I understand that if I provided a temporary address above I am required to verify my address every 90 days. I understand that if I fail to respond to address verification, it may result in my being de-enrolled (the credit being removed from my phone account) from NTAP.

Mailing Address: **ONLY** if different from the address you listed above. This **can be** a PO Box.

Mailing Address: _____

City: _____ State: _____ Zip: _____

I reside on Tribal Land: Circle **ONE**: NO YES

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

I certify under penalty of perjury there are _____ members in my household.

Is there more than one household at the address you listed above? Circle **ONE**: NO YES

Please read and check both boxes below to show you understand your responsibilities:

☐ I certify under penalty of perjury that I understand that there can only be one supported phone line per household, I have read the definition of household provided above and I understand that if I violate the one supported phone line per household rule it violates the FCC's rules, I will be de-enrolled (credit removed from my account) from NTAP and this violation could result in criminal prosecution by the U.S. Government.

☐ I certify under penalty of perjury that I will notify my phone provider and NTAP within 30 days if my household is receiving more than 1 NTAP benefit or if at the time that I am applying for NTAP assistance another person in my household is already receiving assistance from NTAP. I understand that failure to follow this requirement may result in penalties.

PHONE INFORMATION

*****PLEASE NOTE***** Not all companies offer NTAP in all coverage areas and not all plans are eligible for NTAP assistance. Please see attached colored sheet at the end of this application for list of participating phone companies.

Name of My Phone Company: _____

My Phone Number is: (_____) _____

Customer Name on Phone Bill: _____

****Please Note**** the customer name listed on the phone bill must be an adult member of the applicant's household

____ I do not currently have phone service

Please read and check both boxes below to show you understand your responsibilities:

☐ I certify under penalty of perjury that I agree to notify my phone provider and complete a new application requesting assistance within 30 days of changing my phone provider or phone number.

☐ I certify under penalty of perjury that I understand that if I am completing this application due to a change of phone providers, it will not result in more than one NTAP supported phone account in my household or I understand that in the future if I change phone providers, this change can not result in more than one NTAP supported telephone account in my household.

ELIGIBILITY REQUIREMENTS:

To be eligible for phone assistance you or a member of your household must currently be receiving 1 of the programs listed below or your household income must be at or below 135% of the poverty level.

ELIGIBLE PROGRAMS-Circle which program(s) you currently receive or that your income is at or below 135% of the poverty level

Medicaid	Supplemental Nutrition Assistance Program (SNAP)
Kids Connection (SAM, MAC or EMAC)	National School Lunch Program Free Lunch Program
Supplemental Security Income (SSI)	Federal Public Housing
Low-Income Home Energy Assistance (LIHEAP)	Temporary Assistance for Needy Families (TANF)

My Income is at or below 135% of the poverty level

Please read and check both boxes below to show you understand your responsibilities:

- ☐ I certify under penalty of perjury that I currently participate in one of the programs listed above in the eligibility section of this application or that my income is currently at or below 135% of the poverty level and I have provided proof of participation or proof of income if required to do so.
- ☐ I certify under penalty of perjury that I understand it is my responsibility to notify the NTAP and my phone company within 30 days after I no longer participate in at least one of the qualifying programs or that my income is no longer at or below 135% of the poverty level and that failure to abide by this requirement may result in penalties.

PROVIDE CURRENT PROOF OF PARTICIPATION

ELIGIBLE PROGRAMS AND ACCEPTED PROOF OF PARTICIPATION ARE LISTED BELOW. YOU MUST PROVIDE A COPY OF AN ACCEPTED DOCUMENT SHOWING THAT YOU CURRENTLY PARTICIPATE IN ONE OF THE PROGRAM(S) YOU CIRCLED ABOVE. DO NOT SUBMIT DOCUMENTS THAT ARE OVER 1 CALENDAR YEAR OLD. DO NOT SUBMIT ORIGINAL DOCUMENTS. SUBMITTED DOCUMENTS WILL NOT BE RETURNED.

ELIGIBLE PROGRAM CIRCLED ABOVE	ACCEPTED PROOF OF PARTICIPATION
Medicaid, Supplemental Nutrition Assistance Program, Kids Connection (SAM, MAC or EMAC), Low-Income Home Energy Assistance or Temporary Assistance For Needy Families	DO NOT send documentation at this time. We will verify your participation in these programs for you. If we are unable to verify your participation we will send you a letter requesting you to send a document at that time.
Federal Public Housing Assistance (HUD, Section 8 or USDA Rural Development)	Please take the document titled HOUSING enclosed with this application to your housing manager to complete. After making sure the document is complete, return housing document, all other requested information and application back to the NTAP department.
Supplemental Security Income	Send a copy of your current award letter from the Social Security Administration that shows that you are currently receiving SSI.
National School Lunch Program's Free Lunch Program	Send a copy of your current award letter from your school or call the NTAP department to request a form for your School Free Lunch Program personnel to complete.

NTAP ELIGIBILITY BASED ON INCOME GUIDELINES

You may also be eligible for NTAP assistance if your Annual Household Income is at or below 135% of the poverty level. Income is all income received by all members of a household. This includes, but is not limited to: salary before deductions of taxes, public assistance benefits, social security payments, pensions, unemployment compensation, veteran's benefits, inheritances, alimony, child support payments, workers' compensation benefits, gifts, and lottery winnings.

On the left side of the table below find the number people in your household. If annual income of your household falls at or below the total listed to the right of the number of people in your household you are eligible for NTAP.

Number of members in your household	Annual Income
1	\$15,080
2	\$20,426
3	\$25,772
4 or more Add \$5,346 for each additional person	Take \$25,772 and add \$5, 346 for each additional person. For example to find the annual income requirement for 4 people, take $\$25,772 + \$5,346 = \$31,118$. For 4 people your income would need to be at or below \$31,118.

You must provide copies of documentation to show that your annual income is at or below 135% of the poverty level. Below is a list of documents accepted to show proof of income. When submitting documentation, please do not submit a document that is over 1 calendar year old. If possible, please send a copy of the documents you are submitting. Submitted documents will not be returned.

Salaries, Wages, Tips, Commissions, etc.: Three consecutive months of paystubs, your most recent W2 forms or last year's income tax form. If you are self-employed; send a copy of your recent income tax form.

Retirement, Social Security or Pensions: Copies of your award notice or statement of benefits letter.

Workers' Compensation, Unemployment or Disability: Copy of the letter you received from Workers' Compensation, letter from State employment office, check stubs or your award letter from the Social Security Office.

Military Benefits: Copy of your Veterans, Civil Service, or Military Allotment benefits statement.

Child Support or Alimony: Copy of checks received, court decree or legal agreement.

Other: Any award letters or benefit statements of other income received.

Household has no income: If your household does not have any income, you are required to submit a written statement which clearly states that your household has no income. Your statement must be signed and dated by you, the applicant and be included with the application you return to NTAP.

PROOF OF FEDERAL HOUSING DOCUMENT

If you are receiving Federal Housing Assistance, please have your local Housing Authority Personnel complete this document. Please return this document to the NTAP department with your completed application.

HOUSING AUTHORITY PERSONNEL PLEASE NOTE:

You are completing this document as verification that the person below is receiving Federal Housing Assistance (HUD, Section 8 or USDA Rural Development). Please complete all the information below.

Tenant Name:

AGENCIES hereby “certify” that their office is directly involved with administering the program(s) or has access to the records of the office that does administer the program(s), and the applicant is currently on these program(s).

Authorized Signature and Title (Housing Authority Personnel ONLY)

Printed Name of Authorized Personnel

Date

()

Telephone Number

Agency Address

City

State

Zip Code

Applicant Understanding

Please read carefully the statements below. You must check each box to show that you understand your responsibilities while you are receiving assistance from NTAP.

- ☐ I certify under penalty of perjury that I understand completion of this application does not constitute immediate acceptance into this program.
- ☐ I certify under penalty of perjury that I understand that I will be required to recertify my information and provide proof of participation in one of the programs listed in the eligibility section of this application or provide proof that my income is currently at or below 135% of the poverty level at any time. I understand that failure to recertify my information and/or provide proof of current participation in one of the programs listed in the eligibility section of this application or that my income is currently at or below 135% of the poverty level will result in being de-enrolled (having the credit removed from my phone account) from the program.
- ☐ I certify under penalty of perjury that I understand that NTAP is a non-transferable benefit and that I may not transfer this benefit to any other person.
- ☐ I certify under penalty of perjury that either I, nor anyone else in my household, is currently receiving NTAP assistance for wireless or traditional phone service or I certify that I am the only one in my household receiving NTAP assistance and I am re-certifying my information.
- ☐ I certify under penalty of perjury that I understand that NTAP is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment (credit being removed) or being barred from the program.
- ☐ I certify under penalty of perjury that I understand that at any time I may be requested to re-certify my continued eligibility and that if I fail to re-certify it will result in me being de-enrolled (credit removed from my account) from NTAP.
- ☐ I certify under penalty of perjury that if I am receiving more than one NTAP credit or if for any reason I no longer satisfy the criteria outlined in this application to receive NTAP support I will notify my phone company and NTAP within 30 days and that failure to abide by this requirement may result in penalties.

I hereby certify that my response and the information provided on this form and any related application for public benefits are true, complete, and accurate and I understand that this information may be used to verify my lawful presence in the United States. I further certify, under penalty of perjury, the above information is true. I have read the information on this application and understand I must meet the above qualifications to receive assistance from this program.

By signing this application, I hereby give consent to release my information provided in this application to the administrator of the Lifeline Program-Universal Service Administrative Company and I understand that the information released will be kept confidential.

***Applicant or POA Signature**

Date

*** If an authorized representative is signing the application, a copy of the Durable Power Of Attorney or Guardianship document must be included**

INFORMATION FOR NTAP DEPARTMENT ONLY:

YOU MUST COMPLETE AND RETURN THIS FORM

Applicant's complete Social Security Number: _____ - _____ - _____

United States Citizenship Attestation: For the purpose of complying with
Neb. Rev. Stat. §§ 4-108 through 4-114,
I attest as follows:

☐ I am a citizen of the United States

----OR----

☐ I am a qualified alien under the federal immigration and Nationality Act, my immigration status.

My alien number is: _____ and I agree to provide a copy of my USCIS documentation upon request.

Members of the Applicant's Household

A "household" is any individual or group of individuals (related or unrelated) who are living together at the same address as one economic unit. If an adult has no or minimal income and lives with someone who provides financial support to him/her, both people shall be considered part of the same household. Children under the age of eighteen living with their parents or guardians are considered to be part of the same household as their parents/guardians.

Please list all other members of your household. DO NOT INCLUDE APPLICANT

First Name	MI	Last Name	Social Security Number	Date of Birth (Month/Day/Year)

REDACTED – FOR PUBLIC INSPECTION

ATTACHMENT – LINE 3026

ATTACHMENT REDACTED IN ENTIRETY